FEC FORM 2 (REV. 02/2009)

201510060200250837

FEC FORM 2 STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

15 OCT -6 PH 4: 13

_													••	• 10
1.	(a) Name of Ca	endidate	(in full)											
	The Honor	a Rob F	ortman											
	(b) Address (number and street) 825 Miami Avenue			☐ Check if address changed					Candidate's FEC Identification Number S0OH00133					
(c) City, State, and ZIP Code			Code						3 Is This — New — Amended					
Terrace Park				OH 45174-1224					Stater	nent ((N) C	R	区	(A)
4.	Party Affiliation	1		5. Office Sou	ght		6. State &	Distr	ict of Candi	date				<u> </u>
	REPUBLICAN	N PART	Y	Senate)		ОН		ÓO					
			DE	SIGNATIO	N OF PR	INCIPA	_ CAMPA	IGN	СОММ	ITTEE				
7.	l hereby design	nate the	following nar	med political co	ommittee as r	ny Principa	Campaign C	Comm	nittee for the	2016 (year of eld		ection(s	s).	
	NOTE: This de	signation	should be f	filed with the a	ppropriate offi	ice listed in	the instruction	ons.						
	(a) Name of Co													
	Portma	an Fo	r Senate	e Commit	tee									
	(b) Address (nu 9856 Arch		id street)											
	(c) City, State,	and ZIP	Code											
	Dublin						ОН		43017	7-8914				
8.	I hereby author candidacy. NOTE: This de							ı com	mittee, to re	eceive and e	expend fu	inds on	beha	alf of my
	(a) Name of Co	mmittae	(in full)											
	, ,		` '	Ohio Vict	ory Com	mittee								
	(b) Address (nu													
	228 S Was	snington	Street											
	Suite 115													
	(c) City, State,	and ZIP	Code											
	Alexandria	а					VA		22314	-5404				
	10	certify the	at I have exa	mined this Sta	tement and to	the best o	f my knowled	ige an	nd belief it is	true, correc	ct and co	mplete.	· ·	
Sig	gnature of Can	didate							Date					
	e Honora Rob P		12,	bA	ata				10/05/20	15				
NC	TE: Submission	n of false	, erroneous,	, or incomplete	information r	nay subjec	the person s	signing	g this Stater	nent to pena	alties of 2	u.s.c.	§43	7g.

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

				Page 2 /
	N OF OTHER AUTH			[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	is NOT my principal campaign	committee, to	receive and expend funds o	on behalf of my
NOTE:This designation should be filed with the	principal campaign commi	ttee.		•
(a) Name of Committee (in full)				
Ayotte-Portman-Thune Comr	mittee			
(b) Address (number and street) 228 S Washington Street				
(c) City, State and ZIP Code	<u>.</u> .			
Alexandria		VA	22314-5408	
	ON OF OTHER AUTH			[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	ı is NOT my principal campaigı	n committee, to	receive and expend funds	on behalf of my
NOTE:This designation should be filed with the	principal campaign comm	ittee.		
(a) Name of Committee (in full)	<u> </u>	<u> </u>		
Portman-Ohio Victory				
(b) Address (number and street) 228 S Washington Street				
Suite 115				
		•		
(c) City, State and ZIP Code			00014 5404	-11
(c) City, State and ZIP Code Alexandria		VA	22314-5404	
Alexandria	ON OF OTHER AUTH	IORIZED (COMMITTEES	[ADDITIONAL]
Alexandria	(Including Joint Fundraisin	IORIZED (COMMITTEES atives)	
DESIGNATIO I hereby authorize the following named committee, which	(Including Joint Fundraisin	IORIZED C ng Representa n committee, to	COMMITTEES atives)	
DESIGNATIO I hereby authorize the following named committee, which candidacy.	(Including Joint Fundraisin	IORIZED C ng Representa n committee, to	COMMITTEES atives)	
DESIGNATIO I hereby authorize the following named committee, which candidacy. NOTE:This designation should be filed with the	(Including Joint Fundraisin	IORIZED C ng Representa n committee, to	COMMITTEES atives)	
DESIGNATIO I hereby authorize the following named committee, which candidacy. NOTE:This designation should be filed with the (a) Name of Committee (in full) Portman Victory Committee (b) Address (number and street) 228 S Washington Street	(Including Joint Fundraisin	IORIZED C ng Representa n committee, to	COMMITTEES atives)	
DESIGNATIO I hereby authorize the following named committee, which candidacy. NOTE:This designation should be filed with the (a) Name of Committee (in full) Portman Victory Committee (b) Address (number and street)	(Including Joint Fundraisin	IORIZED C ng Representa n committee, to	COMMITTEES atives)	

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)				Page 3 / :
DESIGNATION O	F OTHER AUTH ding Joint Fundraisir			[ADDITIONAL]
I hereby authorize the following named committee, which is NO candidacy.	OT my principal campaig	n committee, to i	eceive and expend funds o	n behalf of my
NOTE:This designation should be filed with the princ	cipat campaign comm	nittee.		
(a) Name of Committee (in full) 2015 Senators Classic				
(b) Address (number and street) 228 S Washington Street Suite 115				
(c) City, State and ZIP Code			• •	-
Alexandria		VA	22314-5404	
DESIGNATION C	OF OTHER AUTO			[ADDITIONAL]
I hereby authorize the following named committee, which is NC candidacy.	OT my principal campai	gn committee, to	receive and expend funds (on behalf of my
NOTE:This designation should be filed with the princ	cipal campaign comr	nittee.		
(a) Name of Committee (in full)				
Burr Portman Victory Committee	9			
(b) Address (number and street) 228 S Washington Street Suite 115				
(c) City, State and ZIP Code	_			
Alexandria		VA	22314-5404	
DESIGNATION C	OF OTHER AUT			[ADDITIONAL]
I hereby authorize the following named committee, which is NO candidacy.	OT my principal campai	gn committee, to	receive and expend funds	on behalf of my
NOTE: This designation should be filed with the principle.	cipal campaign com	mittee.		
(a) Name of Committee (in full)				
Americans United For Freedom				
(b) Address (number and street) 228 S Washington Street Suite 115				
(c) City, State and ZIP Code				
Alexandria		VA	22314-5404	

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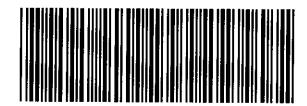
.NA K. MACCALLUM SUPERINTENDENT HART SENATE DEFICE BUILDING SUITE 232 WASHINGTON, DC 20510-711 PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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